

XC-20 705 906

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016265

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1323

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **PIKE**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **JEFFERSON BARRACKS, MO.**

Inside Limits  
Yes ☐ No ☒

c. CITY  
OR  
TOWN **CLARKSVILLE**

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Met. Adm. Hospital**

Length of stay in lb  
**194 DAYS**

d. STREET  
ADDRESS  
**227 0**

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**PEIRCE**

**CROSBY**

4. DATE  
OF  
DEATH

Month

Day

Year

**5-11-59**

5. SEX

**MALE**

6. COLOR OR RACE

**WHITE**

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

**2-16-76**

9. AGE (In years  
or birthday)

**83**

IF UNDER 1 YEAR  
Months Days  
IF UNDER 24 HRS.  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

**FARMER**

10b. KIND OF BUSINESS OR  
INDUSTRY

**FARMING**

11. BIRTHPLACE (City and state or country)

**LEXINGTON, KENTUCKY**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13a. FATHER'S NAME

**PEIRCE CROSBY**

13b. MOTHER'S MAIDEN NAME

**MIRIAM GRATZ**

14. NAME OF HUSBAND OR WIFE

**EFFIE H. CROSBY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**YES**

**WW-I**

16. SOCIAL SECURITY NO.

**497 42 1100**

17. INFORMANT

Address

**VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ACUTE TRACHEOBRONCHITIS AND HYPOSTATIC PNEUMONIA**

INTERVAL BETWEEN  
ONSET AND DEATH

**Several days**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) **DUODENAL ULCER**

**1 month**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**ARTERIOSCLEROTIC HEART DISEASE**

**5410**

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10-29-58** to **5-11-59** and **DECEASED**

Death occurred at **7:50 a.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**W. OPPLER**

**Die. of Prof. Services VA HOSP. JEFF. BRKS. MD.**

**5-11-59**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**REMOVAL**

23b. DATE

**5-11-1959**

23c. NAME OF CEMETERY OR CREMATORY

**LOCAL**

23d. LOCATION (City, town, or country)

**LOUISIANA, MO.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Stenne, Louisiana, Mo.**

25. DATE RECD. BY LOCAL REG.

**5-13-59**

26. REGISTRAR'S SIGNATURE

**John C. Murphy M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed .....

..... Licensed Embalmer No. 4375

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.